

SERFF Tracking Number:	SFMA-125643937	State:	Arkansas
Filing Company:	State Farm Fire and Casualty Company	State Tracking Number:	EFT \$100
Company Tracking Number:	FR-23552		
TOI:	03.0 Personal Farmowners	Sub-TOI:	03.0000 Personal Farmowners
Product Name:	FR-23552		
Project Name/Number:	FR-23552/FR-23552		

## Filing at a Glance

Company: State Farm Fire and Casualty Company

Product Name: FR-23552

SERFF Tr Num: SFMA-125643937 State: Arkansas

TOI: 03.0 Personal Farmowners

SERFF Status: Closed

State Tr Num: EFT \$100

Sub-TOI: 03.0000 Personal Farmowners

Co Tr Num: FR-23552

State Status: Fees verified and received

Filing Type: Rate/Rule

Co Status:

Reviewer(s): Becky Harrington, Betty Montesi, Brittany Yielding

Authors: Richard Haberer, Sheri Anderson

Disposition Date: 05/28/2008

Date Submitted: 05/22/2008

Disposition Status: Filed

Effective Date Requested (New): 09/15/2008

Effective Date (New): 09/15/2008

Effective Date Requested (Renewal): 09/15/2008

Effective Date (Renewal): 09/15/2008

State Filing Description:

## General Information

Project Name: FR-23552

Status of Filing in Domicile: Not Filed

Project Number: FR-23552

Domicile Status Comments: N/A

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 05/28/2008

State Status Changed: 05/28/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We respectfully request your approval of the pricing of the optional Identity Restoration Coverage endorsement.

This new optional coverage will provide an annual aggregate limit of \$25,000 for a premium of \$25. No deductible will apply to losses submitted under this coverage.

<i>SERFF Tracking Number:</i>	<i>SFMA-125643937</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>FR-23552/FR-23552</i>		

The endorsement has been filed under a companion filing, FR-23553.

Sincerely,

Kathy Popejoy  
 Asst Vice Pres & Actuary  
 (309)766-2325  
 kathy.popejoy.a0gq@statefarm.com

## Company and Contact

### Filing Contact Information

Kathy Popejoy, One State Farm Plaza Bloomington, IL 61710	kathy.popejoy.a0gq@statefarm.com (309) 766-2325 [Phone] (309) 766-0225[FAX]
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### Filing Company Information

State Farm Fire and Casualty Company 1 State Farm Plaza Bloomington, IL 61710 (309) 735-0649 ext. [Phone]	CoCode: 25143 Group Code: 176 Group Name: FEIN Number: 37-0533080 -----	State of Domicile: Illinois Company Type: State ID Number:
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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No
Fee Explanation:	\$100.00 per filing X 1 filing = \$100.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State Farm Fire and Casualty Company	\$100.00	05/22/2008	20459948

<i>SERFF Tracking Number:</i>	<i>SFMA-125643937</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>FR-23552/FR-23552</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Filed	Becky Harrington	05/28/2008	05/28/2008

<i>SERFF Tracking Number:</i>	<i>SFMA-125643937</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>FR-23552</i>		
<i>Project Name/Number:</i>	<i>FR-23552/FR-23552</i>		

## Disposition

Disposition Date: 05/28/2008

Effective Date (New): 09/15/2008

Effective Date (Renewal): 09/15/2008

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	SFMA-125643937	State:	Arkansas
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Product Name:	FR-23552		
Project Name/Number:	FR-23552/FR-23552		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp		No
Rate	Manual pages	Filed	Yes

<i>SERFF Tracking Number:</i>	<i>SFMA-125643937</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State Farm Fire and Casualty Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
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<i>Project Name/Number:</i>	<i>FR-23552/FR-23552</i>		

## **Rate Information**

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>SFMA-125643937</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State Farm Fire and Casualty Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
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<i>Project Name/Number:</i>	<i>FR-23552/FR-23552</i>		

## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Manual pages	See attached	Replacement	arfridr.pdf

# *DISCOUNTS, CHARGES AND OPTIONS*

## *INDEX*

<i>DISCOUNTS, CHARGES, OPTIONS</i>	<i>PROVIDED BY</i>	<i>PARAGRAPH NUMBER</i>
Additional Insured	Option AI in Policy OR Endorsement	49
Animal Collision	Endorsement	34
Back-up of Sewers and Drains	Endorsement	22
Business Property - Increased Limits	Option BP in Policy	21
Business Pursuits	Option BU in Policy	39
Child Care	Endorsement	36
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Crop Dusting	Endorsement	45
Custom Farming	Endorsement	43
Dwellings under Construction	- -	19
Earthquake Coverage	Endorsement	25
Employers' Liability and Med. Pay for Farm Employees	Endorsement	37
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Extra Expense	Endorsements	27
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Fire Department Service Charge	Endorsement	33
Hired Auto Liability	Endorsement	46
Home Computers	Option HC in Policy	23
> Identity Restoration	Endorsement	20

State Farm Fire and Casualty Company  
Farm/Ranch Program  
ARKANSAS

4200

ARKANSAS  
FCL-  
//N  
//R



**19. NEW DWELLINGS UNDER CONSTRUCTION**

**A. Theft coverage**

Theft coverage in or to a newly constructed dwelling prior to occupancy is available for the following premium charge. Coverage will not take effect until the dwelling is fully enclosed and capable of being locked. The following premium will not be refunded if this endorsement is cancelled.

PREMIUM
\$12

**ATTACH:** THEFT ENDORSEMENT, FE-8524

**B. Temporary Extension of Coverage**

Coverage B and Section II must be extended to the residence where the insured is temporarily residing. Coverage will cease at this temporary residence at the earlier of:

- 1) The date the new dwelling is occupied
- 2) 1 year from the policy effective date

There is no charge for this temporary extension.

**ATTACH:** DWELLING UNDER CONSTRUCTION ENDORSEMENT, FE-7342.

**> 20. IDENTITY RESTORATION**

Coverage may be provided to assist an insured whose identity has been used for fraudulent purposes. This endorsement provides a maximum limit of \$25,000. There will be no deductible applied to the loss under this endorsement.

Premium
\$25

**ATTACH:** Identity Restoration Coverage Endorsement FE-3301

**NOTE:** The premium developed for Identity Restoration coverage is excluded from the minimum premium calculation.

State Farm Fire and Casualty Company  
Farm/Ranch Program  
ARKANSAS

4203A

ARKANSAS  
FCL-  
//N  
//R

<i>SERFF Tracking Number:</i>	<i>SFMA-125643937</i>	<i>State:</i>	<i>Arkansas</i>
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## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document-Property & Casualty	<b>Review Status:</b>	Filed	05/28/2008
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### Comments:

### Attachments:

AR 23552 PC TD-1 - P-C Transmittal Document.pdf  
AR 23552 PC RRFS-1 - Rate-Rule Schedule.pdf

## Property &amp; Casualty Transmittal Document

Arkansas

**1. Reserved for Insurance  
Dept. Use Only****2. Insurance Department Use only**

	a. Date the filing is received:
	b. Analyst:
	c. Disposition:
	d. Date of disposition of the filing:
	e. Effective date of filing:
	New Business
	Renewal Business
	f. State Filing #:
	g. SERFF Filing #:
h. Subject Codes	


<b>3. Group Name</b>	<b>Group NAIC #</b>
State Farm Insurance Companies	0176

<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
State Farm Fire and Casualty Company	Illinois	25143	37-0533080	

<b>5. Company Tracking Number</b>	<b>FR-23552</b>
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

<b>6.</b>	<b>Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
	Kathy Popejoy State Farm Fire and Casualty Company One State Farm Plaza, D-4 Bloomington, IL 61710	Actuary and Assistant Secretary- Treasurer	(309) 766-2325	(309) 766-0225	kathy.popejoy.a0gq@statefarm.com

<b>7.</b>	Signature of authorized filer	
<b>8.</b>	Please print name of authorized filer	Kathy Popejoy

**Filing information** (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	03.0
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	03.0000
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	N/A
<b>12. Company Program Title (Marketing title)</b>	Farm/Ranch Program
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description) -
<b>14. Effective Date(s) Requested</b>	September 15, 2008.
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization (if applicable)</b>	n/a
<b>17. Reference Organization # &amp; Title</b>	n/a
<b>18. Company's Date of Filing</b>	May 21, 2008
<b>19. Status of filing in domicile</b>	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>FR-23552</b>
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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We respectfully request your approval of the pricing of the optional Identity Restoration Coverage endorsement.

This new optional coverage will provide an annual aggregate limit of \$25,000 for a premium of \$25. No deductible will apply to losses submitted under this coverage.

The endorsement has been filed under a companion filing, FR-23553.

<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<b>Check #: Submitted via EFT</b> <b>Amount: 100.00</b>	
<b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b>	

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**RATE/RULE FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>FR-23552</b>
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	<b>N/A</b>
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☐ Rate Increase ☐ Rate Decrease ☒ Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	<b>File and Use</b>
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
State Farm Fire and Casualty Company	N/A	N/A	N/A	N/A	N/A	N/A	N/A

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

<b>Overall Rate Information (Complete for Multiple Company Filings only)</b>			
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		<b>COMPANY USE</b>	<b>STATE USE</b>
<b>5a.</b>	<b>Overall percentage rate indication (when applicable)</b>	<b>N/A</b>	
<b>5b.</b>	<b>Overall percentage rate impact for this filing</b>	<b>N/A</b>	
<b>5c.</b>	<b>Effect of Rate Filing – Written premium change for this program</b>	<b>N/A</b>	
<b>5d.</b>	<b>Effect of Rate Filing – Number of policyholders affected</b>	<b>N/A</b>	

<b>6.</b>	<b>Overall percentage of last rate revision</b>	<b>N/A</b>
<b>7.</b>	<b>Effective Date of last rate revision</b>	<b>N/A</b>
<b>8.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	<b>N/A</b>

<b>9.</b>	<b>Rule # or Page # Submitted for Review</b>	<b>Replacement or withdrawn?</b>	<b>Previous state filing number, if required by state</b>
01		<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
04		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	